

No. 2
-2-43
-17-39
X35697

FILED FEB 3 1944

Registration District No. **199**

Primary Registration District No. **1002**

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4326 Summit /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX
39 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Mrs. Gertrude R. Thielen

3. (b) If veteran, name war XX

3. (c) Social Security No. 458-03-2958

4. Sex Fe 5. Color or race Wh

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Edward A. Thielen

6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased January 15, 1881
(Month) (Day) (Year)

8. AGE: Years 63 Months 0 Days 2
If less than one day hr. min.

9. Birthplace St. Paul Kansas /
(City, town, or county) (State or foreign country)

10. Usual occupation Librarian

11. Industry or business St. Paul's Hosp. Dallas, Tex

12. Name Christian P. Hentzen

13. Birthplace Liberty Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Marjaret O'Grady

15. Birthplace Toronto Canada 2
(City, town, or county) (State or foreign country)

16. (a) Informant Edgar F. Thielen

(b) Address 4215 Locust

17. (a) Removal (b) Date thereof 1-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul, Kansas

18. (a) Signature of funeral director J. M. Wagner

(b) Address Kansas City, Mo.

19. (a) Jan 18, 1944 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 4326 Summit
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17th
year 1944 hour 5: minute 03 A. M.

21. I hereby certify that I attended the deceased from Dec 28th
1943 to 1/17 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Chr. Myocardiosis

Due to: Chr. Bronchiectasis & acute exacerbation.

Other conditions: 93d
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature James P. Smith (M. D. or other)
Address 308 Prof. Bldg. K.C. Mo. Date signed 1/18/44

Duration ?

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

11-27-80
C.B.L. - 11
V...

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed A. R. Hauschild

Licensed Embalmer No. 4159

P. O. Address Kansas City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.